

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028662

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3916

STATE FILE NUMBER

FILED AUG 6 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 3 days	c. CITY TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 434 North Belmont
3. NAME OF DECEASED (Type or print) First Marilyn Middle Key Last Smith		4. DATE OF DEATH Month July Day 7 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/3/1940
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) South Western Bell		10b. KIND OF BUSINESS OR INDUSTRY telephone	9. AGE (last birthday) 22
11a. FATHER'S NAME Orville Brewer		11b. MOTHER'S MAIDEN NAME Irene Webb	11c. NAME OF HUSBAND OR WIFE Donald Smith
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) No		13. SOCIAL SECURITY NO. 700	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure anemia, secondary Metastatic Cancer to Pancreas		15. BIRTHPLACE (City and state or country) Wellington, Missouri	
16. CITIZEN OF WHAT COUNTRY U.S.A.		17. INFORMANT Donald Smith 434 North Belmont K.C. Mo.	
18. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7-4-63 to 7-7-63 and last saw her alive on 7-7-63 Death occurred at 7-7-63 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Physician or title) Philip H. Halperin M.D.		22b. ADDRESS 751 E. 63rd St. K.C. Mo.	
22c. DATE SIGNED 7-9-63		23. NAME OF CEMETERY OR CREMATORY Pleasant Prairie Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/9/1963	
23c. LOCATION (City, town, or county) Napoleon, Missouri		24. FUNERAL DIRECTOR J. C. Sheppard Wellington, Mo.	
25. DATE RECD. BY LOCAL REG. 7-12-63		26. REGISTRAR'S SIGNATURE Ruth Long	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4179

P. O. Address Washington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.